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CONFIRMATION NO. 9987

<b>SERIAL NUMBER</b> 10/687,270	<b>FILING OR 371(c) DATE</b> 10/16/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> KCX-839( 18971)
<b>APPLICANTS</b> John Gavin MacDonald, Decatur, GA; Kevin Peter McGrath, Alpharetta, GA; RameshBabu Boga, Roswell, GA;				
<b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/20/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 22
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 22827				
<b>TITLE</b> VISUAL INDICATING DEVICE FOR BAD BREATH				
<b>FILING FEE RECEIVED</b> 1738	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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